

Pendency Implementation Form

Please complete the form above the bold line. The DOE will review all submissions prior to implementation.

Student Name	OSIS Number	DPC Number
Henry Terence Toth	224465203	295741

1. The basis for pendency is:

☐ IEP dated:

☒ Unappealed FOFD (case number and date): #284309 dated 4/2/2024

☐ Other (explain):

2. The pendency program consists of the following:

Tuition		
School Name	10- or 12-Month Program	Other Notes
Gersh	12	

Services				
Service or Item	Ratio and Frequency	10- or 12-Month Program	DOE or Private Provider	Private Provider Name and Rate
SLT (only if such services are not provided to Student by Gersh and included in the cost of tuition)	1x30	12		
Home-based ABA therapy	20hrs/week;1:1	12		

Form submitted by: [name, date, relationship to student]

For DOE use only:

☒ The above program should be implemented as pendency.

Pendency starts on:

☒ The date the DPC was filed: 6/30/2025

☐ Other (explain):

Michael Heitz

7/15/2025

DOE Reviewer

Date